amputation. The impact of social context is tested by including patients from the US and Tanzania (TNZ).

Methods: MLE amputees were recruited from US and TNZ sites in a prospective study. Data collected included demographic, social integration (CHART), walking function (Six Minute Walk Test) and QoL (EQ5D). χ^2 and ANOVA tests were used to assess association between social integration and outcomes. Multivariable logistic regression analysis, was performed to assess the role of social context.

Results: Of the 90 enrolled patients, 50 (56%) were from the US, 58 (64%) were male, with a mean age of 64.4 years. Patients with high social integration had a trend toward improved function defined by a score of 171 meters or better (36% v 66% v 74%; $P = .055$) and significantly higher mean EQ5D scores (0.65 v 0.70 v 0.79; $P = .021$). Findings were more dramatic in the US sub-group for both function (17% v 38% v 74%; $P = .008$) and QoL (0.52 v 0.58 v 0.79; $P = .001$). In a multivariate analysis, the TNZ site was not associated with less favorable function ($P = .783$) or QoL ($P = .364$).

Conclusions: In the US population, increased social integration is associated with both improved function and quality of life outcomes among amputees. This effect is attenuated in TNZ, likely due to differences in social context. Steps should be taken to identify and aid amputees with poor social integration in the US and factors associated with low function elsewhere.

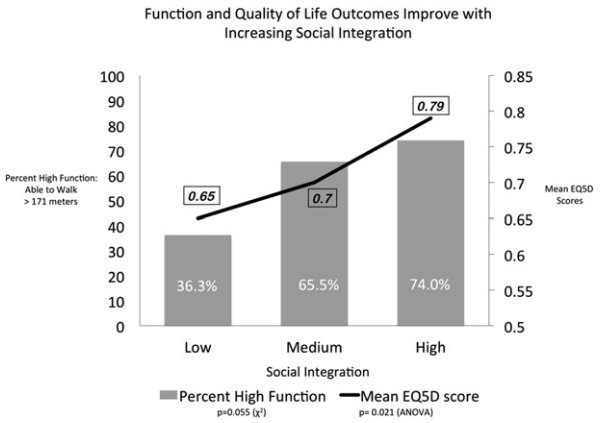

Fig.

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RR27.

SFA Intervention Surveillance: Where Is the Benefit?

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Objectives: While many vascular surgeons follow the algorithm of postoperative bypass vascular evaluation including non-invasive flow studies (NIFS) and bypass graft duplex (BGD) at 1, 3, 6 months and annually thereafter, the data surrounding this recommendation is low. It has been shown that routine BGD scanning following autogenous lower extremity bypass has not proven to be cost-effective. The TASC II document recommends a biannual assessment of exercise NIFS for 2 years postoperatively as level C evidence. Superficial Femoral Artery (SFA) Percutaneous Transluminal Angioplasty/Stent (PTA/S) trials have required similar schedules of postprocedure evaluation. We chose to evaluate the benefit of postprocedure imaging.

Methods: We undertook a retrospective review of a prospective database looking at SFA intervention. The number of follow up visits, frequency of changes in exam, changes in postprocedure NIFS and BGD were analyzed.

Results: 104 patients had SFA interventions (46 PTA, 46 PTA/stent, 8 atherectomy, 4 PTA/lysis). Initial studies (NIFS and/or BGD) within 1-7 weeks showed a change (ABI $< .7$ and/or 4:1 peak systolic velocity ratio) in 3.1% of cases, at 3 months an additional 41% showed change (RR > 1.0; $P < .05$); at 6 months only an additional 8% showed change (RR < 1.0; $P > 0.05$). Kaplan Meier analysis revealed a lack of significance at the 1 year mark and beyond due decreased follow up.

Conclusions: Of the 547 postprocedure perfusion assays performed in these 104 patients the statistically significant interval appears to be at the 3 month postprocedure visit. While the initial study acts as a baseline the utility of further testing does not appear to add significant additional information on a cohort basis. Like algorithms for distal bypass there did appear to be better correlation when coupled with return of symptoms and or change in physical exam.

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RR28.

Predictors of Major Amputation With Patent Bypass Grafts

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Objectives: Despite patent bypass grafts, some patients receive major amputations (MA). We analyzed the frequency and predictive factors leading to MA in the presence of patent lower extremity bypass grafts (LEB).

Methods: Data from PREVENT III, a large prospective randomized trial of 1404 patients who underwent LEB for critical limb ischemia (CLI) was queried for outcomes. The primary endpoint was MA with patent (PMA) or